

**GREENE COUNTY MASTER GARDENERS
APPLICATION FOR COLLEGE SCHOLARSHIP
FOR AGRICULTURE/HORTICULTURE MAJORS ONLY**

(Please type or print.) Due April 19, 2024

Name: _____ Phone: _____

Address: _____

City: _____ State _____ Zip Code: _____

Birth Date: _____

Name of Parent/ Stepparent/ Guardian: _____

NOTE: Detailed information will assist Master Gardener Scholarship Committee in making selection.

High School/College Information: (Please attach high school transcript or college transcript.)

High School/ College Attended: _____ **GPA:** _____

Please list activities involved in by category of: academics, athletics and extracurricular. (Feel free to add an additional sheet but identify topic.):

College Information:

College planning to attend / attending: _____ Accepted: _____

What career do you plan to pursue and why? College students only need to answer this section if changing colleges or study field. (Feel free to add an additional sheet but identify topic.):

Work and Community Activities: (Feel free to add an additional sheet but identify topic.):

List community and religious activities in which you have participated during the last four years. Please list the activities in order of importance to you.

Please list your paid work experience during the past four years, beginning with your most recent position.

Certification:

I hereby affirm that the information provided on this form is accurate and complete to the best of my knowledge.

Applicant's Signature: _____ Date Submitted: _____

Please return this application via email, HughesBL64@gmail.com, or mail to:

**Greene County Master Gardeners
Attention: Scholarship Committee
C/O Brenda Hughes, Chairman
112 W Mechanic Street
Bloomfield IN 47424**